

Congress of the United States

Washington, DC 20515

March 23, 2000 9 185 '00 MAR 29 A10:01

The Honorable Donna Shalala
Secretary
United States Department of Health and Human Services
Room 615F
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Shalala:

We commend you on the Administration's new initiative to improve the diagnosis and treatment of children with emotional and behavioral conditions. While the actions announced on Monday are a significant step in the right direction, we urge you also to incorporate consideration of the potential for dietary changes to help treat attention-deficit hyperactivity disorder (ADHD). As an immediate first step, we ask you to include information on diet in the new fact sheet on treatment options for children with behavioral and emotional conditions, which is to be released by the National Institute of Mental Health later this week.

The use of Ritalin to treat ADHD has increased significantly in recent years. While an estimated three to five percent of schoolchildren have ADHD, in some schools as many as 20 percent of the boys in the upper elementary grades are being given Ritalin. A number of studies have found evidence that for some children, changes in diet could reduce or eliminate the need to prescribe Ritalin or other stimulant drugs.

The 1998 National Institutes of Health consensus conference on ADHD noted, "The state of the empirical evidence regarding [dietary] interventions is uneven, ranging from no data to well-controlled trials. Some of the dietary elimination strategies showed intriguing results suggesting the need for further research." Given this conclusion, the Department of Health and Human Services should both sponsor more research on the effect of diet on ADHD and disseminate accurate information about what is currently known about the impact of diet on ADHD.

The FDA should revise its 1993 pamphlet *Food Color Facts*, cosponsored with the International Food Information Council (a trade association), on the basis of more precise information. The pamphlet states that "well-controlled studies...have produced no evidence that food color additives cause hyperactivity or learning disabilities in children." In fact, several

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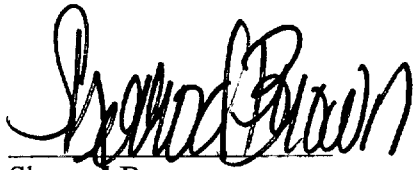
studies have shown that for some children with ADHD, changes in diet -- including reduced exposure to food color additives -- may mitigate the need for drugs. The FDA should instead circulate materials indicating that some ADHD children may benefit from dietary changes.

Furthermore, concerns have been raised about the long-term health effects of controlling ADHD with medication, providing an additional reason to explore alternative approaches to treatment. A 1995 laboratory study found an increase in liver tumors in mice (but not rats) given doses of Ritalin not much greater than doses given to children.

The study published in the February 23 edition of the *Journal of the American Medical Association* -- which spurred your new initiative -- raised concerns about the growing use of Ritalin and other stimulants in very young children. In examining the prescription records from two state Medicaid programs and an HMO, researchers found that the use of stimulants, most commonly Ritalin in its generic form, increased significantly in two- through four-year-olds over five years, even though Ritalin carries a warning against its use in children under six years. The effects of psychotropic drugs on the developing brain and even the validity of the diagnosis of ADHD in very young children have not been demonstrated. Again, these concerns underline the need to take a more cautious approach to the use of Ritalin and to examine the potential benefits of changes in diet.

Please inform us of your actions on these suggestions. Thank you for your prompt attention to this important public health matter.

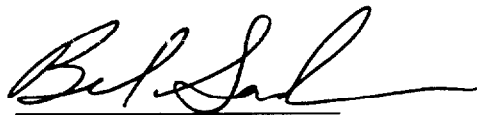
Sincerely,



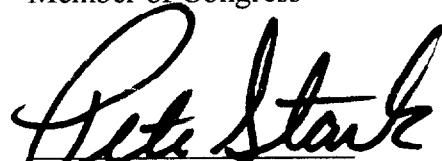
Sherrod Brown
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Helen Chenoweth-Hage
Member of Congress

cc: Steven E. Hyman, Director, National Institute of Mental Health
Jane E. Henney, Commissioner, Food and Drug Administration
David Satcher, Surgeon General

U.S. HOUSE OF REPRESENTATIVES

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